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CONFIRMATION NO. 3882

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| <b>SERIAL NUMBER</b><br>10/050,157   | <b>FILING OR 371(c) DATE</b><br>01/18/2002<br><b>RULE</b>   | <b>CLASS</b><br>705                                 | <b>GROUP ART UNIT</b><br>3628   | <b>ATTORNEY DOCKET NO.</b><br>LT-0011 |                                |
| <b>APPLICANTS</b><br>Sang Bum Kim, Koyang-si, KOREA, REPUBLIC OF;<br>Yong Soo Shin, Anyang-si, KOREA, REPUBLIC OF;   |   |   |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b><br>REPUBLIC OF KOREA 01-3105 01/19/2001  |   |   |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/08/2002</b>   |   |   |   |                                       |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i> |   | <b>STATE OR COUNTRY</b><br>KOREA,<br>REPUBLIC<br>OF | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>24/36          | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>34610  |   |   |   |                                       |                                |
| <b>TITLE</b><br>Method of advertising and conducting electronic commercial transactions through a communication network  |   |   |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>2396   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |